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| Fill in this information to identify you | r case: | |
|--|---|--------------------------------------|
| United States Bankruptcy Court for t | he: | |
| Eastern District of Penn | sylvania | |
| Case number (If known): | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | | | |
|-----|--|-------------------------------|---|--|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
| 1. | Your full name | Ross | | | |
| | Write the name that is on your | First name | First name | | |
| | government-issued picture identification (for example, your | Chamberlain | | | |
| | driver's license or passport). | Middle name | Middle name | | |
| | Bring your picture identification | Shelter Last name | _ | | |
| | to your meeting with the trustee. | Last Hattle | Last name | | |
| | | Suffix (Sr., Jr, II, III) | Suffix (Sr., Jr, II, III) | | |
| | | | | | |
| 2. | All other names you have used in the last 8 years | First name | First name | | |
| | Include your married or maiden | | | | |
| | names and any assumed, trade names and doing business as | Middle name | Middle name | | |
| | names. | Last name | Last name | | |
| | Do NOT list the name of any | | | | |
| | separate legal entity such as a corporation, partnership, or LLC that is not filing this petition. | Business name (if applicable) | Business name (if applicable) | | |
| | | Business name (if applicable) | Business name (if applicable) | | |
| | | | | | |
| 3. | Only the last 4 digits of your Social Security number or | xxx - xx - <u>1 8 0 6</u> | xxx - xx | | |
| | federal Individual Taxpayer | OR | OR | | |
| | Identification number (ITIN) | 9xx - xx | 9xx - xx | | |

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| Debtor 1 | | Ross | Chamberlain | Shelter | Case number (if known) | | | | |
|----------|-----------------|-----------------------------------|--------------------------|--|------------------------|------------------------------|--|---------------------------|-------------------------------|
| | | First Name | Middle Name | Last Name | | | , , | | |
| | | | About Debtor 1 | : | | About Debt | tor 2 (Spouse Only in | a Joint (| Case): |
| 4. | Your Emplo | yer Identification I), if any. | | | · <u>—</u> | <u> </u> | | | _ |
| | | | | | <u> </u> | EIN | | | _ |
| 5. | Where you l | ive | | | | If Debtor 2 | lives at a different add | dress: | |
| | | | 201 Garrett A | | | | | | |
| | | | Number St | reet | | Number | Street | | |
| | | | - | | | | | | |
| | | | Swarthmore, | | | | | | |
| | | | City | State | ZIP Code | City | | State | ZIP Code |
| | | | Delaware | | | | | | |
| | | | County | | | County | | | |
| | | | | address is different from the that the court will send ng address. | | | s mailing address is of lote that the court will ng address. | | |
| | | | Number St | reet | | Number | Street | | |
| | | | P.O. Box | | | P.O. Box | | | |
| | | | City | State | ZIP Code | City | | State | ZIP Code |
| 6. | Why you are | e choosing <i>this</i> | Check one: | | | Check one: | | | |
| | district to iii | e for bankruptcy | | st 180 days before filing t n this district longer than | | Over the have live district. | ne last 180 days before yed in this district long | e filing th er than ir | is petition, I n any other |
| | | | I have anoth (See 28 U.S | ner reason. Explain. S.C. § 1408) | | I have a | another reason. Expla 3 U.S.C. § 1408) | in. | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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Shelter

| Deb | tor 1 | Ross | Chamb | eriain | Shelter | | Case num | ber (if known) |
|-----|---|---|--|--|--|---|--|--|
| | | First Name | Middle Na | me | Last Name | _ | | |
| Par | t 2: Tell th | e Court About You | ır Bankr | uptcy Cas | se | | | |
| 7. | | r of the Bankruptcy re choosing to file | Bankrup Cr Cr Cr | | | | quired by 11 U.S.C. go check the appropria | § 342(b) for Individuals Filing for ate box. |
| 8. | How you w | ill pay the fee | deta chec a cre I nee to P I rec judg offic choc | ils about how ck, or money edit card or co ed to pay the ay The Filing quest that may e may, but is ial poverty ling ose this option | w you may pay. Type order. If your attornation of the properties fee in installment of Fee in Installment of the waived (Your see that applies to your end to you may be that applies to you would be that applies to you w | pically, if you are pay ney is submitting you nted address. Its. If you choose this ts (Official Form 103 ou may request this aive your fee, and nour family size and | ying the fee yourself our payment on your is option, sign and at SA). option only if you ar nay do so only if you you are unable to pa | 's office in your local court for more, you may pay with cash, cashier's behalf, your attorney may pay with tach the <i>Application for Individuals</i> e filing for Chapter 7. By law, a princome is less than 150% of the lay the fee in installments). If you <i>Filing Fee Waived</i> (Official Form |
| 9. | | led for bankruptcy ast 8 years? | ☑No. | District District | | Wher Wher Wher | MM / DD / YYYY MM / DD / YYYY | Case number Case number Case number |
| 10. | pending or spouse who case with y | nkruptcy cases being filed by a o is not filing this ou, or by a artner, or by an | ☑ No. □ Yes. | District | | When _ | M / DD / YYYY F | Relationship to you Case number, if known Relationship to you Case number, if known |
| 11. | Do you ren | t your residence? | ✓ No. ☐ Yes. | ☐ No. Go | andlord obtained a | | | st You (Form 101A) and file it |

Debtor 1

Ross

Chamberlain

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| Deb | Debtor 1 Ross | | Chamberlain Shelter | | | Case number (if known) | | | | |
|-----|--|---|---------------------|---|---|--|---|--|--|--|
| | | First Name | Middle | e Name | , , | | | | | |
| Par | t 3: Repor | t About Any Busir | esses | s You Owr | n as a Sole Proprietor | - | | | | |
| 12. | Are you a | you a sole proprietor of | | No. Go to Pa | art 4. | | | | | |
| | any full- or business? | | □ _Y | ∕es. Name a | and location of business | | | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | _ | Name of busin | | | | | | |
| | · | | Ν | Number | Street | | | | | |
| | proprietorsh | more than one sole nip, use a separate attach it to this | - | | | | | | | |
| | petition. | | c | City | | State | ZIP Code | | | |
| | | | C | Check the ap | opropriate box to describe | your business: | | | | |
| | | | | Health C | are Business (as defined | in 11 U.S.C. § 101(27A |)) | | | |
| | | | | ☐ Single A | sset Real Estate (as defin | ed in 11 U.S.C. § 101(5 | ·1B)) | | | |
| | | | | ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) | | | | | | |
| | | | | ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6)) | | | | | | |
| | | | | None of | the above | | | | | |
| 13. | 11 of the B | 11 of the Bankruptcy Code, appropriate and are you a small business sheet, stat | | | llines. If you indicate that y | you are a small business statement, and federal ir | ou are a small business debtor so that it can set s debtor, you must attach your most recent balance ncome tax return or if any of these documents do not | | | |
| | | tion of <i>small business</i> | 1 | No. I am | not filing under Chapter 1 | 11. | | | | |
| | debtor, see 11 U.S.C. § 101(51D). | | | | ı filing under Chapter 11, b kruptcy Code. | out I am NOT a small bu | a small business debtor according to the definition in the | | | |
| | | | ☐ Y | | | | ebtor according to the definition in the der Subchapter V of Chapter 11. | | | |
| | | | ☐ Y | | | under Chapter 11, I am a small business debtor according to the definition | | | | |

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| Deb | tor 1 | Ross | Chamberlair | n Shelter | | 1 | Case number (if known). | | |
|-----|--|---|-------------------------|-----------------------|---------------|----------------|-------------------------|----------|---|
| | | First Name | Middle Name | Last Name | | | , , | | |
| Par | t 4: Repor | t if You Own or Ha | ave Any Haza | ardous Property or | Any Prope | rty That Needs | Immediate Attentio | n | |
| 14. | Do you ow | n or have any | ☑ No. | | | | | | |
| | property that poses or is alleged to pose a threat of | ☐ Yes. W | hat is the hazard? | | | | | _ | |
| | imminent and identifiable hazard to public health or | | | | | | | | _ |
| | property th | y? Or do you own any erty that needs immediate | | | | | | | _ |
| | | lf i | mmediate attention is r | needed, why | is it needed? | | | | |
| | | e, do you own goods, or livestock | | | | | | | _ |
| | that must be fed, or a building that needs urgent repairs? | | | | | | | | _ |
| | | | WI | here is the property? | | | | | |
| | | | | | Number | Street | | | |
| | | | | | | | | | _ |
| | | | | | City | | State | ZIP Code | _ |

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| Debtor 1 | Ross | Chamberlain | erlain Shelter Case r | Case number (if known) | |
|----------|------------|-------------|-----------------------|------------------------|--|
| | First Name | Middle Name | Last Name | _ | |

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☑ I received a briefing from an approved credit counseling agency within the 180 days before I

filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

reasonably tried to do so.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Shelter

| Deb | tor 1 | Ross | Chamberlair | n Shelter | | Case nu | mber | (if known) |
|-----|---|---|---|--|----------------------------------|--|-----------------------------------|--|
| | | First Name | Middle Name | Last Name | | | | |
| Par | t 6: Answe | er These Question | ns for Reporti | ng Purposes | | | | |
| 16. | What kind of have? | of debts do you | "incuri | | | er debts? Consumer debts are det for a personal, family, or household | | |
| | | | for a b | | | s debts? Business debts are debts ough the operation of the business | | |
| | | | 16c. State | the type of debts you ow | e th | at are not consumer debts or busir | ness d | lebts. |
| 17. | 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured | | Yes. | | 7. | 7. Go to line 18. Do you estimate that after any exel paid that funds will be available to | | |
| | creditors? | tion to unsecured | | | | | | |
| 18. | | creditors do you at you owe? | 1-49 50-99 100-1 200-9 | 99 🗖 10,001-25,00 | | ☐ 25,001-50,000 ☐ 50,000 | -100,0 | 000 |
| 19. | How much assets to be | do you estimate yo e worth? | \$50,00 \$100,0 | 0,000 [01-\$100,000 [001-\$500,000 [001-\$1 million | | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| | liabilities to | | \$50,00 \$100,0 | 0,000 [01-\$100,000 [001-\$500,000 [001-\$1 million [| | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| Par | t 7: Sign B | elow | | | | | | |
| Fo | r you | If I have States If no att have ol I reque I under | e chosen to file un Code. I understate corney represent otained and read st relief in accordate stand making a fotcy case can re | ander Chapter 7, I am awand the relief available un s me and I did not pay or I the notice required by 1 st dance with the chapter of false statement, concealing | are der ag 1 U title | each chapter, and I choose to procree to pay someone who is not an a.S.C. § 342(b). e 11, United States Code, specified property, or obtaining money or pro | er Chaceed of attorn in thi perty | apter 7, 11,12, or 13 of title 11, United under Chapter 7. ey to help me fill out this document, I s petition. |
| | | • | | mberlain Shelter in Shelter, Debtor 1 | | | | |
| | | | executed on 10/ | 04/2024 | | | | |
| | | | M | M/ DD/ YYYY | | | | |

Debtor 1

Ross

Chamberlain

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| Debtor 1 | Ross | Chamberlain | Shelter | Case number (if known) |
|-------------|---|---|--|--|
| | First Name | Middle Name | Last Name | |
| represented | torney, if you are d by one ot represented by an ou do not need to file this | proceed under C each chapter for 11 U.S.C. § 342(| Chapter 7, 11, 12, or 13 of which the person is eligil (b) and, in a case in which | this petition, declare that I have informed the debtor(s) about eligibility to title 11, United States Code, and have explained the relief available under ole. I also certify that I have delivered to the debtor(s) the notice required by h § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry with the petition is incorrect. |
| | | X /a/ Micha | el A. Cibik | Doto 40/04/2024 |
| | | | f Attorney for Debtor | Date 10/04/2024 MM / DD / YYYY |
| | | Michael A Printed nam Cibik Law Firm name 1500 Wali | е | |
| | | Philadelp | hia | PA 19102 |
| | | City Contact pho | ne <u>(215) 735-1060</u> | State ZIP Code Email address help@cibiklaw.com |
| | | 23110 | | PA Contract |
| | | Bar number | | State |

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| | | | Do | cument | ⊇aαe 9 of 46 | | • | | | |
|-----------|------------------------|---|--|------------------------------------|------------------------------------|-----------------------|--------------------|----------|-----------------|-----------|
| Fill in t | his informa | ition to identify yo | our case and this filing: | | | | | | | |
| Debtor | · 1 | Ross | Chamberlain | Shelter | | | | | | |
| | • | First Name | Middle Name | Last Name | | | | | | |
| Debtor | . 2 | | | | | | | | | |
| (Spous | e, if filing) | First Name | Middle Name | Last Name | | | | | | |
| United | States Banl | kruptcy Court for th | e: Eastern | District | of Pennsylvani | ia | | | | |
| | number | , , | | | | | | ☐ CI | neck if this is | an |
| 00301 | | | | | | | | an | nended filing | |
| Ott: ~: | al Farm | • 40CA/D | | | | | | | | |
| | | n 106A/B | | | | | | | | |
| Sch | edule | A/B: Pro | pperty | | | | | | 12 | 2/15 |
| the cate | egory whe responsib | re you think it fi ble for supplying | and describe items. L ts best. Be as comple g correct information. e and case number (i | ete and accurat . If more space | e as possible. If is needed, attac | two marr h a separ | ied people are fil | ing toge | ether, both a | re |
| Part | 1: De | escribe Each F | Residence, Building | g, Land, or O | ther Real Estat | te You C | wn or Have an | Intere | st In | |
| 1. | Do you ow | n or have any leg | al or equitable interest i | n any residence, | building, land, or | similar pro | pperty? | | | |
| | ☑ No. Go | to Part 2. | | | | | | | | |
| | Yes. WI | here is the property | ? | | | | | | | |
| 2. | Add the do | ollar value of the p | ortion you own for all o | f your entries fro | om Part 1, including | g any entri | ies for pages | | | |
| | | - | . Write that number here | - | | | | | \$0.0 | <u>)0</u> |
| | | | | | | | | | | |
| Part | 2: De | escribe Your V | ehicles | | | | | | | |
| • | | . • | equitable interest in any ou lease a vehicle, also re | · | | | • | es | | |
| 3. | Cars, vans | s, trucks, tractors, | sport utility vehicles, m | otorcycles | | | | | | |
| | √ No | | | | | | | | | |
| | ☐ Yes | | | | | | | | | |
| | | | | | | | | | | |
| 4. | Watercraft | , aircraft, motor h | omes, ATVs and other re | ecreational vehic | les, other vehicles | s, and acce | essories | | | |
| | | Boats, trailers, mot | ors, personal watercraft, f | fishing vessels, sr | owmobiles, motorcy | ycle access | sories | | | |
| | ✓ No | | | | | | | | | |
| | ☐ Yes | | | | | | | | | |
| 5. | | • | ortion you own for all o | • | | | ies for pages | | \$0.0 | 00 |
| Part | 3: De | escribe Your P | ersonal and House | ehold Items | | | | | | |

Current value of the portion you own?Do not deduct secured claims or exemptions.

Do you own or have any legal or equitable interest in any of the following items?

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Debtor Shelter, Ross Chamberlain

| 6. | Household goods and fur Examples: Major appliance | rnishings es, furniture, linens, china, kitchenware | | | | | | | | |
|------|---|--|----------|--|--|--|--|--|--|--|
| | ☐ No | | | | | | | | | |
| | Yes. Describe | Various used pieces of furniture, furnishings, appliances, linens, and other similar items, each valued at \$600 or less. | \$350.00 | | | | | | | |
| 7. | Electronics | | | | | | | | | |
| • | Examples: Televisions and | d radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music ctronic devices including cell phones, cameras, media players, games | | | | | | | | |
| | ☐ No | | | | | | | | | |
| | ✓ Yes. Describe | Various used televisions, mobile devices, and computers, each valued at \$600 or less. | \$250.00 | | | | | | | |
| 8. | Collectibles of value | | | | | | | | | |
| | Examples: Antiques and fi | gurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or collections; other collections, memorabilia, collectibles | | | | | | | | |
| | √ No | | | | | | | | | |
| | Yes. Describe | | | | | | | | | |
| 9. | Equipment for sports and hobbies | | | | | | | | | |
| | Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments | | | | | | | | | |
| | ☑ No | | | | | | | | | |
| | Yes. Describe | | | | | | | | | |
| 10. | Firearms | | | | | | | | | |
| | Examples: Pistols, rifles, shotguns, ammunition, and related equipment | | | | | | | | | |
| | √ No | | | | | | | | | |
| | Yes. Describe | | | | | | | | | |
| 11. | Clothes | | | | | | | | | |
| | Examples: Everyday cloth | es, furs, leather coats, designer wear, shoes, accessories | | | | | | | | |
| | ☐ No | | | | | | | | | |
| | ✓ Yes. Describe | Various used articles of clothing, shoes, and accessories, each valued at \$600 or less. | \$150.00 | | | | | | | |
| 12. | Jewelry | | | | | | | | | |
| | Examples: Everyday jewe silver | lry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, | | | | | | | | |
| | ☐ No | | | | | | | | | |
| | Yes. Describe | Various used pieces of jewelry. | \$100.00 | | | | | | | |
| 13. | Non-farm animals | | | | | | | | | |
| . 5. | Examples: Dogs, cats, bird | ds, horses | | | | | | | | |
| | ✓ No | | | | | | | | | |
| | Yes. Describe | | | | | | | | | |

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Debtor Shelter, Ross Chamberlain

| 14. | Any other personal a | nd household items you did n | oot already list, including any health aids you did not list | |
|------|--|-----------------------------------|---|--|
| | √ No | | | |
| | Yes. Give specific information | | | |
| 15. | | | t 3, including any entries for pages you have attached | \$850.00 |
| | | | | |
| Pa | rt 4: Describe | Your Financial Assets | | |
| Do y | ou own or have any le | gal or equitable interest in any | y of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | Cash Examples: Money you | u have in your wallet, in your ho | me, in a safe deposit box, and on hand when you file your petition | |
| | ☑ No ☐ Yes | | | |
| 17. | | | unts; certificates of deposit; shares in credit unions, brokerage houses, nultiple accounts with the same institution, list each. | |
| | ✓ Yes | | Institution name: | |
| | | | Capital One | |
| | | 17.1. Checking account: | Account Number: 4508 | \$0.00 |
| | | 17.2. Checking account: | Chime Account Number: 3998 | \$695.00 |
| 18. | Bonds, mutual funds | , or publicly traded stocks | | |
| | Examples: Bond fund | s, investment accounts with bro | kerage firms, money market accounts | |
| | ☐ No | | | |
| | ✓ Yes | Institution or issuer name: | | |
| | | Schwab One | | \$22.62 |
| 19. | Non-publicly traded s LLC, partnership, and | | rated and unincorporated businesses, including an interest in an | |
| | √ No | | | |
| | ☐ Yes. Give specific information about them | | | |
| 20. | Government and corp | porate bonds and other negot | iable and non-negotiable instruments | |
| | | | ers' checks, promissory notes, and money orders. sfer to someone by signing or delivering them. | |
| | ☑ No | | | |
| | Yes. Give specific information about them | | | |

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Debtor Shelter, Ross Chamberlain

| 21. | Retirement or pension accounts | |
|-----|---|---|
| | Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans | |
| | ☑ No | |
| | Yes. List each account separately. | |
| 22. | Security deposits and prepayments | |
| | Your share of all unused deposits you have made so that you may continue service or use from a company | |
| | Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others | |
| | ☑ No | |
| | ☐ Yes | |
| 23. | Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) | |
| | ☑ No | |
| | ☐ Yes | |
| 24. | Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. | |
| | 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). | |
| | ☑ No | |
| | ☐ Yes | |
| 25. | Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit | |
| | ☑ No | |
| | Yes. Give specific information about them | |
| 26. | Patents, copyrights, trademarks, trade secrets, and other intellectual property | |
| | Examples: Internet domain names, websites, proceeds from royalties and licensing agreements | |
| | ☑ No | |
| | Yes. Give specific information about them | |
| 27. | Licenses, franchises, and other general intangibles | |
| | Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses | |
| | ☑ No | |
| | Yes. Give specific information about them | |
| Mon | ey or property owed to you? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed to you | |

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Debtor Shelter, Ross Chamberlain

| | ✓ No ☐ Yes. Give specific information about | | | | | | | |
|--------------|---|----------|--|--|--|--|--|--|
| [| Vec Cive specific information about | | | | | | | |
| | | | | | | | | |
| | them, including whether you already filed the returns and | | | | | | | |
| | the tax years | | | | | | | |
| 29. F | Family support | | | | | | | |
| | Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement | | | | | | | |
| Ę | ☑ No | | | | | | | |
| Ţ | ☐ Yes. Give specific information | | | | | | | |
| 20. 4 | Other amounts company and a series and | | | | | | | |
| | Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, | | | | | | | |
| - | Social Security benefits; unpaid loans you made to someone else | | | | | | | |
| Ę | ☑ No | | | | | | | |
| Ţ | ☐ Yes. Give specific information | | | | | | | |
| 31. I | Interests in insurance policies | | | | | | | |
| E | Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance | | | | | | | |
| Ę | ☑ No | | | | | | | |
| [| Yes. Name the insurance company of each policy and list its value | | | | | | | |
| 32. <i>I</i> | Any interest in property that is due you from someone who has died | | | | | | | |
| li | If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. | | | | | | | |
| E | ☑ No | | | | | | | |
| Ţ | ☐ Yes. Give specific information | | | | | | | |
| 33. (| Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment | | | | | | | |
| E | Examples: Accidents, employment disputes, insurance claims, or rights to sue | | | | | | | |
| Ę | ☑ No | | | | | | | |
| [| Yes. Describe each claim | | | | | | | |
| | Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims | | | | | | | |
| Ę | ☑ No | | | | | | | |
| Ţ | ☐ Yes. Describe each claim | | | | | | | |
| 35. <i>I</i> | Any financial assets you did not already list | | | | | | | |
| Ţ | □ No | | | | | | | |
| 5 | ✓ Yes. Give specific information | \$0.00 | | | | | | |
| | | | | | | | | |
| | Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here | \$717.62 | | | | | | |
| ' | Tot Fait 4. Write that number here | | | | | | | |

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Debtor Shelter, Ross Chamberlain

| 37. | Do you own or have any legal or equitable interest in any business-related property? | | | | | | | | |
|-----|---|--------------|--|--|--|--|--|--|--|
| | ☑ No. Go to Part 6. | | | | | | | | |
| | ☐ Yes. Go to line 38. | | | | | | | | |
| 45. | Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here | \$0.00 | | | | | | | |
| Pa | Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Inf you own or have an interest in farmland, list it in Part 1. | nterest In. | | | | | | | |
| 46. | Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? | | | | | | | | |
| | ☑ No. Go to Part 7. | | | | | | | | |
| | ☐ Yes. Go to line 47. | | | | | | | | |
| 52. | Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here | \$0.00 | | | | | | | |
| Pa | rt 7: Describe All Property You Own or Have an Interest in That You Did Not List Above | | | | | | | | |
| 53. | Do you have other property of any kind you did not already list? | | | | | | | | |
| | Examples: Season tickets, country club membership | | | | | | | | |
| | √ No | | | | | | | | |
| | Yes. Give specific information | | | | | | | | |
| 54. | Add the dollar value of all of your entries from Part 7. Write that number here | \$0.00 | | | | | | | |
| Pa | rt 8: List the Totals of Each Part of this Form | | | | | | | | |
| 55. | Part 1: Total real estate, line 2 | \$0.00 | | | | | | | |
| 56. | Part 2: Total vehicles, line 5 \$0.00 | | | | | | | | |
| 57. | Part 3: Total personal and household items, line 15 \$850.00 | | | | | | | | |
| 58. | Part 4: Total financial assets, line 36 \$717.62 | | | | | | | | |
| 59. | Part 5: Total business-related property, line 45 \$0.00 | | | | | | | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 \$0.00 | | | | | | | | |
| 61. | Part 7: Total other property not listed, line 54 + \$0.00 | | | | | | | | |
| 62. | Total personal property. Add lines 56 through 61 | + \$1,567.62 | | | | | | | |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62. | \$1,567.62 | | | | | | | |

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Debtor Shelter, Ross Chamberlain Case number (if known)

| | Continuation Page | |
|-----|---|--------|
| 35. | Any financial assets you did not already list | |
| | Cash App | \$0.00 |
| | Paypal | \$0.00 |
| | Venmo | \$0.00 |
| | | |

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| Fill in this inform | ation to identify your o | ase: | | |
|---------------------|--------------------------|-------------|-------------|----------------|
| Debtor 1 | Ross | Chamberlain | Shelter | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court for th | ne: Eastern | District of | f Pennsylvania |
| Case number | | | | |
| (if known) | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| F | Part 1: Ide | ntify the Property You | ı Claim as Exempt | | | | | | | |
|----|---|---|--|---|---|--|--|--|--|--|
| 1. | . Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ☑ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | | | | | |
| 2. | For any proper | rty you list on Schedule | A/B that you claim as exe | mpt, | fill in the information below. | | | | | |
| | Brief description of the property and line on <i>Schedule A/B</i> that lists this property | | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | | Specific laws that allow exemption | | | | |
| | Brief description: | Various used pieces of furniture, furnishings, appliances, linens, and other similar items, each valued at \$600 or less. | \$350.00 | S | \$0.00 100% of fair market value, up to any applicable statutory limit \$350.00 | 11 U.S.C. § 522(d)(3) 11 U.S.C. § 522(d)(5) | | | | |
| | Line from Schedule A/B: | 6 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| 3. | 3. Are you claiming a homestead exemption of more than \$189,050? (Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.) ✓ No ✓ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? ✓ No ✓ Yes | | | | | | | | | |

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Debtor 1 Ross Chamberlain

First Name Middle Name

Shelter _ Case number (if known) _ Last Name

| line on Schedu | on of the property and ule A/B that lists this | Current value of the portion you own | | ount of the exemption you claim eck only one box for each exemption. | Specific laws that allow exemption |
|----------------------------|---|--------------------------------------|--------------|--|------------------------------------|
| property | | Copy the value from Schedule A/B | One | son only one box to each exemption. | |
| Brief description: | Various used televisions, mobile devices, and computers, each valued at \$600 or less. | \$250.00 | ☑ | \$250.00 | _11 U.S.C. § 522(d)(3) |
| Line from Schedule A/B: | | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | Various used articles of clothing, shoes, and accessories, each valued at \$600 or | \$150.00 | | | |
| | less. | | | \$150.00 | 11 U.S.C. § 522(d)(3) |
| Line from Schedule A/B: | 11 | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief | Various used | \$100.00 | | | |
| description: | pieces of jewelry. | | | \$100.00 | 11 U.S.C. § 522(d)(4) |
| Line from Schedule A/B: | 12 | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | Capital One Checking account | \$0.00 | | | |
| | Acct. No.: 4508 | | \checkmark | \$0.00 | 11 U.S.C. § 522(d)(5) |
| Line from Schedule A/B: | 17 | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | Chime Checking account | \$695.00 | | | |
| | Acct. No.: 3998 | | \checkmark | \$695.00 | 11 U.S.C. § 522(d)(5) |
| Line from Schedule A/B: | 17 | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | Schwab One | \$22.62 | 4 | \$22.62 | 11 U.S.C. § 522(d)(5) |
| Line from Schedule A/B: | 18 | | | 100% of fair market value, up to any applicable statutory limit | |

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| Fill in this inform | nation to identify your | case: | | | | |
|---------------------|--------------------------|-------------|------------|----------------|---|------------------------------------|
| Debtor 1 | Ross | Chamberlain | Shelter | | | |
| | First Name | Middle Name | Last Name | | _ | |
| Debtor 2 | | | | | _ | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States I | Bankruptcy Court for the | he: Easterr | District o | f Pennsylvania | | |
| Case number (| (if | | | | | |
| known) | | | | | | Check if this is an amended filing |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - Mo. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

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| | | | | Do | cument | Pa | ae 19 of 4 | 46 | | | | |
|--------------------------|---|---|---|------------------------|--------------------------------|------------------|-------------------------------------|---------------------------------------|-----------------------------------|-----------------|-----------|-----------------------|
| Fill in t | this inform | ation to identify your case | e: | | | | | | | | | |
| Debte | or 1 | Ross | Chamber | lain | Shelter | | | | | | | |
| Dobti | 51 1 | | Middle Nam | | Last Name | | | | | | | |
| Debte | or 2 | | | | | | | | | | | |
| | | First Name I | Middle Nam | e | Last Name | | | | | | | |
| | | | | Footorn | Die | strict of | Donnovlvo | nio l | | | | |
| Unite | d States E | Bankruptcy Court for the: | | Eastern | | - | Pennsylva | ilia_ | | | | |
| | number | | | | | | | | | □ Ch | ack if th | nis is an |
| (if kno | own) | | | | | | | | | _ | ended | |
| Offici | al Forn | n 106E/F | | | | | | | | | | |
| | | | | | | | | | | | | |
| Scr | nedu | le E/F: Cred | ditors | Who | o Have | e Ur | secur | ed Cla | ims | | | 12/15 |
| claims numbe numbe | that are li r the entr r (if know | | editors Wh left. Attach | o Have Ca the Cont | laims Secure inuation Page | d by Pro | perty. If more | space is nee | ded, copy the F | art you ne | ed, fill | l it out, |
| Par | t 1: | ist All of Your PRIO | RITY UNS | ecurea C | Jaims | | | | | | | |
| | - | ditors have priority uns | secured cla | ims agair | nst you? | | | | | | | |
| _ | ☑ No. Go ☑ Yes. | to Part 2. | | | | | | | | | | |
| cl a | aim listed mounts. A | rour priority unsecured , identify what type of cla s much as possible, list the Continuation Page of Part | im it is. If a character in the claims in | claim has alphabeti | both priority a cal order acco | nd nonporting to | riority amounts the creditor's r | s, list that claim name. If you ha | here and show ave more than tw | both priorit | y and r | nonpriority |
| (F | or an exp | lanation of each type of o | claim, see th | ne instruct | ions for this fo | rm in the | e instruction bo | ooklet.) | | | | |
| | | | | | | | | | Total claim | Priority amount | | Nonpriority amount |
| 2.1 | Robin C | Shelter | | ast 4 digi | ts of account | numbe | r | | \$0.00 | \$n | .00 | \$0.00 |
| - | | editor's Name | | | | | | | Ψ0.00 | | | Ψ0.00 |
| | | nird Street | V | Vhen was | the debt incu | urred? | - | | | | | |
| - | Number | Street | _ | | | | | | | | | |
| | | | Α | s of the c | date you file, | the clair | n is: Check all | that apply. | | | | |
| - | Philadel | phia, PA 19147 | | Conting | gent | | | , | | | | |
| - | City | | | Unliqui | • | | | | | | | |
| | , | | | ☐ Dispute | ed | | | | | | | |
| | | rred the debt? Check on | | ivne of BE | RIORITY unse | oured a | laim: | | | | | |
| | ✓ Debtor | | | | tic support obl | | iailli. | | | | | |
| | Debtor | • | | | | - | you owe the | novernment | | | | |
| | | 1 and Debtor 2 only tone of the debtors and | _ | | | | injury while you | | ited | | | |
| | ☐ Check | if this claim is for a unity debt | | | Specify | | | | - | | | |
| ı | s the clai | m subject to offset? | | | | | | | | | | |

✓ No ☐ Yes Case 24-13578 Doc 1 Filed 10/04/24 Entered 10/04/24 12:54:02 Desc Main Document Page 20 of 46

De

| ebto | or 1 | Ross | Chamberlain | Shelter | Case nu | mber (| if known |) | | |
|------|-------------------|----------------------------|--|------------------|---|---------------|-----------|------------|------------------|----------------------|
| | | First Name | Middle Name | Last Name | e | | | | | |
| P | art 2: | List All of You | ır NONPRIORITY Un: | secured Cla | ims | | | | | |
| 2 | Do any | creditors have no | npriority unsecured cla | ime againet v | .ou2 | | | | | |
| J. | _ | | - | | the court with your other schedu | ıles. | | | | |
| | Y res | | | | | | | | | |
| 4. | nonprior included | ity unsecured claim | n, list the creditor separat han one creditor holds a | ely for each cla | al order of the creditor who haim. For each claim listed, idention, list the other creditors in Part | ify wha | it type o | of claim i | t is. Do not lis | st claims already |
| | | | | | | | | | | Total claim |
| 4.1 | Capita | al One | | Last | 4 digits of account number | 7 | 4 (| 6 9 | | \$18,040.00 |
| | | rity Creditor's Name |) | | | | | | | <u> </u> |
| | Attn: I | Bankruptcy | | Whe | en was the debt incurred? | | 3/1/20 | 016 | - | |
| | PO Bo | x 30285 | | | | | | | | |
| | Number | Street | | | of the date you file, the claim i | s: Che | ck all th | nat apply | <i>'</i> . | |
| | Salt La | ake City, UT 841 | 30-0285 | | Contingent | | | | | |
| | City | Sta | ate ZIP | Code | Unliquidated Disputed | | | | | |
| | Who in | curred the debt? | Check one. | | Disputed | | | | | |
| | ☑ Debtor 1 only | | | | e of NONPRIORITY unsecured | l claim | 1: | | | |
| | _ | tor 2 only | | | Student loans | | | | | |
| | Deb | Debtor 1 and Debtor 2 only | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | | east one of the debt | | o i | Debts to pension or profit-sharin | g plan | s, and o | other sim | ıilar debts | |
| | ☐ Che | ck if this claim is | for a community debt | ☑ (| Other. Specify CreditCard | | | | | |
| | Is the c | laim subject to of | set? | | | | | | | |
| | √ No | | | | | | | | | |
| | Yes | | | | | | | | | |
| 4.2 | Capita | al One | | Last | 4 digits of account number | 8 | 5 8 | B 4 | | \$7,234.00 |
| | Nonprio | rity Creditor's Name |) | | | | | | | |
| | Attn: I | Bankruptcy | | Whe | en was the debt incurred? | | 12/1/2 | 2019 | _ | |
| | РО Во | x 30285 | | | | | | | | |
| | Number | Street | | | of the date you file, the claim i | s: Che | ck all th | nat apply | <i>'</i> . | |
| | Salt La | ake City, UT 841 | 30-0285 | | Contingent Jnliquidated | | | | | |
| | City | | | | Disputed | | | | | |
| | Who in | curred the debt? | Check one. | | · | | | | | |
| | √ Deb | tor 1 only | | | e of NONPRIORITY unsecured | l claim | 1: | | | |
| | Deb | tor 2 only | | _ | Student loans Obligations arising out of a sepa | ration | oaroom | ont or d | iverse that we | ou did not ronart as |
| | | tor 1 and Debtor 2 | | | oriority claims | iralion | agreen | ieni or a | ivorce mai yo | ou did not report as |
| | | east one of the debt | | i 📮 | Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | ☐ Che | CK If this claim is | for a community debt | I | Other. Specify CreditCard | | | | | |
| | Is the c | laim subject to of | set? | | | | | | | |
| | √ No | | | | | | | | | |

Yes

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Case number (if known)

Debtor 1

 Ross
 Chamberlain
 Shelter

 First Name
 Middle Name
 Last Name

| Pa | Your NONPRIORITY Unsecured Claims — | Continuation Page | |
|------|---|---|-------------|
| Afte | r listing any entries on this page, number them beginning | g with 4.4, followed by 4.5, and so forth. | Total claim |
| 4.3 | Lending Club Nonpriority Creditor's Name Attn: Bankruptcy 595 Market st Number Street San Francisco, CA 94105 City State ZIP Code Who incurred the debt? Check one. | Last 4 digits of account number 0 2 0 1 When was the debt incurred? 11/1/2022 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: | \$18,046.00 |
| 4.4 | ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ✓ No □ Yes | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Unsecured | |
| 4.4 | LendingPoint Nonpriority Creditor's Name 1201 Roberts Blvd Suite 200 | Last 4 digits of account number When was the debt incurred? | \$8,640.00 |
| | Number Street Kennesaw, GA 30144 City State ZIP Code | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | |
| | Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No Yes | Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify | t report as |

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Debtor 1

| Pa | rt 2: Your NONPRIORITY Unsecured Claims - | - Continuation Page |
|------|--|---|
| Afte | listing any entries on this page, number them beginnir | ng with 4.4, followed by 4.5, and so forth. |
| 4.5 | Navient | Last 4 digits of account number 0 1 2 8 \$998.00 |
| | Nonpriority Creditor's Name | |
| | Attn: Bankruptcy | When was the debt incurred? 9/1/2011 |
| | PO Box 9635 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. |
| | Wilkes Barre, PA 18773-9635 | ☐ Contingent |
| | City State ZIP Code | Unliquidated□ Disputed |
| | ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No Yes | Type of NONPRIORITY unsecured claim: ✓ Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify |
| 4.6 | USAA Federal Savings Bank | Last 4 digits of account number 1 5 4 0 \$10,580.00 |
| | Nonpriority Creditor's Name | |
| | Attn: Bankruptcy | When was the debt incurred? 3/1/2015 |
| | 9800 Fredericksburg Rd | |
| | Number Street | As of the date you file, the claim is: Check all that apply. |
| | San Antonio, TX 78288-0001 | ☐ Contingent |
| | City State ZIP Code | - ☐ Unliquidated ☐ Disputed |
| | Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ✓ No □ Yes | Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify CreditCard |

Case 24-13578 Doc 1 Filed 10/04/24 Entered 10/04/24 12:54:02 Desc Main Page 23 of 46 Document Debtor 1 Ross Chamberlain Shelter Case number (if known) _ First Name Middle Name Last Name Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Alliant Capital Management, LLC On which entry in Part 1 or Part 2 did you list the original creditor? Name ☐ Part 1: Creditors with Priority Unsecured Claims Line 4.3 of (Check one): 1965 Sheridan Drive Suite 100 ☑ Part 2: Creditors with Nonpriority Unsecured Claims Number Street Last 4 digits of account number

ZIP Code

State

Buffalo, NY 14223

City

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Debtor 1

Ross Chamberlain Shelter Case number (if known) _
First Name Middle Name Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim. **Total claim Total claims** 6a. **Domestic support obligations** 6a. \$0.00 from Part 1 6b. Taxes and certain other debts you owe the government 6b. \$0.00 Claims for death or personal injury while you were 6c. 6c. \$0.00 intoxicated Other. Add all other priority unsecured claims. 6d. 6d. \$0.00 Write that amount here. Total. Add lines 6a through 6d. 6e. \$0.00 **Total claim Total claims** 6f. Student loans 6f. \$998.00 from Part 2 6g. Obligations arising out of a separation agreement or 6g. \$0.00 divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other 6h. 6h. \$0.00 similar debts 6i. Other. Add all other nonpriority unsecured claims. 6i. \$62,540.00 Write that amount here. 6j. Total. Add lines 6f through 6i. 6j. \$63,538.00

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| Fill in this information | n to identify your case: | : | | |
|--------------------------|--------------------------|-------------|------------------|-------------|
| Debtor 1 | Ross | Chamberlain | Shelter | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Bank | ruptcy Court for the: | Easter | n District of Po | ennsylvania |
| Case number (if known) | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☑ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or o | company with whom y | you ha | ve the contract or lease | State what the contract or lease is for |
|-----|-------------|---------------------|--------|--------------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | 5 | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | 5 | State | ZIP Code | |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | 5 | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | 5 | State | ZIP Code | |

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| | | | D | <u>ocument Pag</u> | <u>e 26 of 46</u> | _ | |
|-----------------|---------------------------|---|-------------------------------|---|--------------------------|--|-----------------------|
| Fill in | this inform | ation to identify you | ır case: | | | | |
| Debt | or 1 | Ross | Chamberlain | Shelter | | | |
| | | First Name | Middle Name | Last Name | | | |
| Debt | | | | | | | |
| (Spot | use, if filing) | First Name | Middle Name | Last Name | | | |
| Unite | ed States E | Bankruptcy Court fo | r the: Easter | n District of | Pennsylvania | | |
| Case (if kno | e number own) | | | | | | neck if this is an |
| Offic | ial Forr | n 106H | | | | _ an | nended filing |
| | | | ır Codebtor | `S | | | 12/15 |
| iling to | ogether, b | oth are equally res | sponsible for supplying | correct information. If r | nore space is needed, c | curate as possible. If two material page, fi Pages, write your name and | Il it out, and number |
| 1. | Do you h ☑ No ☐ Yes | ave any codebtors | ? (If you are filing a joint | case, do not list either sp | ouse as a codebtor.) | | |
| 2. | California No. G Yes. D | , Idaho, Louisiana, I o to line 3. Did your spouse, for | Nevada, New Mexico, Pu | nity property state or tere erto Rico, Texas, Washing | gton, and Wisconsin.) | perty states and territories inc | lude Arizona, |
| | ☐ No | | nity state or territory did y | ou live? | Fill in the | name and current address o | of that person. |
| | N | ame of your spouse | , former spouse, or legal | equivalent | | | |
| | N | umber | Street | | | | |
| | C | ity | State | ZIP Code | | | |
| 3. | 2 again a | s a codebtor only | if that person is a guara | intor or cosigner. Make | sure you have listed the | s filing with you. List the pe creditor on <i>Schedule D</i> (O le E/F, or <i>Schedule G</i> to fill | fficial Form 106D), |
| | Column 1 | : Your codebtor | | | Column 2: T | he creditor to whom you o | we the debt |
| | | | | | Check all sc | chedules that apply: | |
| 3.1 | | | | | | - " | |
| | Name | | | | | e D, line | |
| | Number | | Street | | | e E/F, line | |
| | | | | | Schedule | e G, line | |
| - | City | | State | | ZIP Code | | |
| 3.2 | Name - | | | | | e D, line | |
| | Name | | | | | e E/F, line | |
| | Number | | Street | | | | |
| | | | | | → Schedule | e G, line | |

State

ZIP Code

City

| | Cas | se 24-13578 | | d 10/04/24 Entered ocument Page 27 o | 10/04/24 12:54:02 of 46 | Desc Main |
|------------|---|--|--|---|---|---|
| Fill | in this information to | o identify your case | et et | | | |
| D | ebtor 1 | Ross First Name | Chamberlain Middle Name | Shelter Last Name | _ | |
| U C | ebtor 2 Spouse, if filing) nited States Bankrul ase number | First Name otcy Court for the: | | Last Name District of Pennsylvania | — | his is: ended filing olement showing postpetition er 13 income as of the following date: |
| | | | | | MM / [| DD / YYYY |
| Of | ficial Form | <u> 1061</u> | | | | |
| Sc | chedule I: | Your Inc | ome | | | 12/15 |
| spo | rmation. If you are ruse is not filing with | married and not fili n you, do not inclu | ng jointly, and your s de information about | spouse is living with you, includ t your spouse. If more space is | de information about your spo | y responsible for supplying correct ouse. If you are separated and your eet to this form. On the top of any |
| spo add | rmation. If you are ruse is not filing with | narried and not fili n you, do not inclu your name and ca | ng jointly, and your s de information about | spouse is living with you, includ | de information about your spo needed, attach a separate sho | ouse. If you are separated and your |
| spo add | rmation. If you are ruse is not filing with itional pages, write | married and not filing you, do not incluyour name and case imployment improvement improvem | ng jointly, and your s de information about | spouse is living with you, includ t your spouse. If more space is). Answer every question. | de information about your spo needed, attach a separate sho Deb | ouse. If you are separated and your eet to this form. On the top of any |
| spo add | rmation. If you are ruse is not filing with itional pages, write Tt 1: Describe E Fill in your employ information. If you have more thattach a separate pinformation about a | married and not filing you, do not include your name and case amployment ment man one job, bage with additional of the case as a case at a case | ng jointly, and your s de information about se number (if known) mployment status ccupation mployer's name | Debtor 1 Leasing Management LPMG Management | de information about your spo needed, attach a separate sho Deb | ouse. If you are separated and your eet to this form. On the top of any tor 2 or non-filing spouse |
| spo add | rmation. If you are ruse is not filing with itional pages, write rt 1: Describe E Fill in your employ information. If you have more thattach a separate prinformation about a employers. Include part time, s | married and not filing you, do not include your name and case amployment man one job, bage with additional case assonal, or case clude student | ng jointly, and your s de information about se number (if known) mployment status ccupation | Debtor 1 Leasing Manager | de information about your spo needed, attach a separate sho Deb | tor 2 or non-filing spouse Not Employed |
| spo add | rmation. If you are ruse is not filing with itional pages, write It 1: Describe E Fill in your employ information. If you have more thattach a separate prinformation about a employers. Include part time, self-employed world Occupation may in | married and not filing you, do not include your name and case amployment man one job, bage with additional case assonal, or case clude student | ng jointly, and your s de information about se number (if known) mployment status ccupation mployer's name | Debtor 1 Debtor 1 Leasing Management LPMG Management 12727 Snyder Ave | Deb Number | tor 2 or non-filing spouse Not Employed |

art 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

5. For Debtor 1 For Debtor 2 or non-filling spouse

2. \$0.00 \$0.00 \$0.00

4. \$0.00 \$0.00

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Debtor 1 Ross Chamberlain Shelter Case number (if known)

Last Name

First Name

Middle Name

| | | | For Debtor 1 | For Debtor 2 or non-filing spouse | |
|-----|--|---------|--------------|-----------------------------------|-------------------------|
| | Copy line 4 here→ | 4. | \$0.00 | \$0.00 | |
| 5. | List all payroll deductions: | | | | |
| | 5a. Tax, Medicare, and Social Security deductions | 5a. | \$0.00 | \$0.00 | |
| | 5b. Mandatory contributions for retirement plans | 5b. | \$0.00 | \$0.00 | |
| | 5c. Voluntary contributions for retirement plans | 5c. | \$0.00 | \$0.00 | |
| | 5d. Required repayments of retirement fund loans | 5d. | \$0.00 | \$0.00 | |
| | 5e. Insurance | 5e. | \$0.00 | \$0.00 | |
| | 5f. Domestic support obligations | 5f. | \$0.00 | \$0.00 | |
| | 5g. Union dues | 5g. | \$0.00 | \$0.00 | |
| | 5h. Other deductions. Specify: | 5h. | + \$0.00 | + \$0.00 | |
| 6. | Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$. | 6. | \$0.00 | \$0.00 | |
| 7. | Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$0.00 | \$0.00 | |
| 8. | List all other income regularly received: | | | | |
| | 8a. Net income from rental property and from operating a business, profession, or farm | | | | |
| | Attach a statement for each property and business showing gross | | | | |
| | receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$2,774.00 | \$0.00 | |
| | 8b. Interest and dividends | 8b. | \$0.00 | \$0.00 | |
| | 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive | | | | |
| | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$0.00 | \$0.00 | |
| | 8d. Unemployment compensation | 8d. | \$0.00 | \$0.00 | |
| | 8e. Social Security | 8e. | \$0.00 | \$0.00 | |
| | 8f. Other government assistance that you regularly receive | | | | |
| | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | | | |
| | Specify: | 8f. | \$0.00 | \$0.00 | |
| | 8g. Pension or retirement income | 8g. | \$0.00 | \$0.00 | |
| | 8h. Other monthly income. Specify: | 8h. ' | +\$0.00 | + \$0.00 | |
| 9. | Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$2,774.00 | \$0.00 | |
| 10. | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse | 10. | \$2,774.00 | + \$0.00 | = \$2,774.00 |
| 11. | State all other regular contributions to the expenses that you list in Scheo | lule J. | | | |
| | Include contributions from an unmarried partner, members of your househol friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that a | | | • | |
| | Specify: | | | _ 11. + | F \$0.00 |
| 12. | Add the amount in the last column of line 10 to the amount in line 11. The amount on the Summary of Your Assets and Liabilities and Certain Statistical | | • | | \$2,774.00 |
| | | | | | Combined monthly income |
| 13. | Do you expect an increase or decrease within the year after you file this for Mo. ☐ Yes. Explain: | orm? | | | |

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Debtor 1 Ross Chamberlain **Shelter** Case number (if known) -First Name Middle Name Last Name 8a. Attached Statement **Commission Income** FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.) PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME: 1. Gross Monthly Income: \$3,224.00 PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES: Ordinary and necessary expense \$450.00 Net Employee Payroll (Other than debtor) \$0.00 **Payroll Taxes** \$0.00 **Unemployment Taxes** \$0.00 5. Worker's Compensation \$0.00 6. 7. \$0.00 Other Taxes 8. Inventory Purchases (Including raw materials) \$0.00 Purchase of Feed/Fertilizer/Seed/Spray \$0.00 10. Rent (Other than debtor's principal residence) \$0.00 11. Utilities \$0.00 12. Office Expenses and Supplies \$0.00 13. Repairs and Maintenance \$0.00 14. Vehicle Expenses \$0.00 15. Travel and Entertainment \$0.00 16. Equipment Rental and Leases \$0.00 17. Legal/Accounting/Other Professional Fees \$0.00 18. Insurance \$0.00 19. Employee Benefits (e.g., pension, medical, etc.) \$0.00

PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1)

\$2,774.00

\$0.00

\$0.00

\$450.00

20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition

TOTAL PAYMENTS TO SECURED CREDITORS

22. TOTAL MONTHLY EXPENSES(Add item 2 - 21)

Business Debts

TOTAL OTHER EXPENSES

21. Other Expenses

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| Fill in this information | to identify your case: | | | |
|---|------------------------|----------------------------------|----------------------|---|
| Debtor 1 | Ross First Name | Chamberlain Middle Name | Shelter Last Name | Check if this is:☐ An amended filing |
| (Spouse, if filing) | First Name | Middle Name | Last Name | A supplement showing postpetition chapter 13 expenses as of the following date: |
| United States Bankruptcy Court for the: | | Eastern District of Pennsylvania | | |
| Case number (if known) | | | | ININI / DD / TTTT |

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | art 1: Describe Your Household | d | | | | | |
|---|---|--|--|-----------------|-------------------------------|--|--|
| 1. | Is this a joint case? | | | | | | |
| | ✓ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a sep ☐ No ☐ Yes. Debtor 2 must file | arate household? Official Form 106J-2, Expenses for | Separate Household of Debtor 2. | | | | |
| 2. | Do you have dependents? | ✓No | ' | | | | |
| | Do not list Debtor 1 and Debtor 2. | Yes. Fill out this information for each dependent | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? | | |
| | Do not state the dependents' names. | · | | | . No. Yes. | | |
| | | | | | . No. Yes. | | |
| | | | | | . No. Yes. | | |
| | | | | | . No. Yes. | | |
| | | | | | No. Yes. | | |
| 3. | Do your expenses include expenses of people other than yourself and your dependents? | ☑ No □ _{Yes} | | | | | |
| Pa | art 2: Estimate Your Ongoing N | Monthly Expenses | | | | | |
| | | | using this form as a supplement in a leck the box at the top of the form an | | | | |
| Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.) | | | | | | | |
| 4. | The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. \$0.00 | | | | | | |
| | If not included in line 4: | | | | | | |
| | 4a. Real estate taxes | | | 4a | \$0.00 | | |
| | 4b. Property, homeowner's, or rent | er's insurance | | 4b | \$0.00 | | |
| | 4c. Home maintenance, repair, and | d upkeep expenses | | 4c | \$0.00 | | |
| | 4d. Homeowner's association or co | ondominium dues | | 4d | \$0.00 | | |

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Debtor 1 Ross Chamberlain Shelter Case number (if known) _____

| | -1000 | Grianiberiani | Official | Case number (if know | vn) |
|---|---|--------------------------------|-------------------------------------|--------------------------------|------------------|
| | First Name | Middle Name | Last Name | | |
| | | | | Yo | ur expenses |
| . Additiona | ıl mortgage payme | ents for your residence, su | ch as home equity loans | 5. | \$0.00 |
| . Utilities: | | | | | |
| 6a. Elect | ricity, heat, natural | gas | | 6a | \$250.00 |
| 6b. Wate | er, sewer, garbage | collection | | 6b | \$80.00 |
| 6c. Telep | phone, cell phone, | Internet, satellite, and cable | e services | 6c | \$150.00 |
| 6d. Other | r. Specify: | | | 6d. | \$0.00 |
| | housekeeping su | | | 7. | \$500.00 |
| . Childcare | and children's ed | ucation costs | | 8. | \$0.00 |
| Clothing, | laundry, and dry o | eleaning | | 9. | \$75.00 |
| 0. Personal | care products and | l services | | 10. | \$50.00 |
| 1. Medical a | nd dental expense | 9 S | | 11. | \$75.00 |
| | tation. Include gas | , maintenance, bus or train | fare. | 12. | \$300.00 |
| | | ation, newspapers, magaz | ines and books | 13. | \$25.00 |
| | | d religious donations | nies, and books | 14. | \$0.00 |
| Charitable Insurance | | u religious donations | | 14 | Ψοισο |
| | | ducted from your pay or inc | cluded in lines 4 or 20. | | |
| 15a. Life iı | nsurance | | | 15a | \$0.00 |
| 15b. Healt | th insurance | | | 15b | \$0.00 |
| 15c. Vehic | cle insurance | | | 15c | \$0.00 |
| 15d. Other | r insurance. Specit | iy: | | 15d | \$0.00 |
| 6. Taxes. Do | not include taxes | deducted from your pay or | included in lines 4 or 20. | | |
| Specify: _ | | | | 16. | \$0.00 |
| | nt or lease payme | | | 47. | \$0.00 |
| | payments for Vehico payments for Vehic | | | 17a 17b | \$0.00 \$0.00 |
| • | • | ile Z | | | 40.00 |
| | | | | 17c 17d | \$0.00 \$0.00 |
| | | | that you did not report as dedu | | +0.00 |
| | | hedule I, Your Income (Offi | | 18. | \$1,200.00 |
| | - | to support others who do | not live with you. | | ድ ስ ስስ |
| | | no not included in lines 4 o | or E of this form or on Cabadata | 19 | \$0.00 |
| | | | or 5 of this form or on Schedule | <i>I: Your Income.</i> 20a. | \$0.00 |
| | gages on other pro estate taxes | perty | | | \$0.00 |
| | | or renter's insurance | | | \$0.00 |
| • | • | id upkeep expenses | | 20d. | \$0.00 |
| | • | on or condominium dues | | | \$0.00 |

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Debtor 1 **Ross** Chamberlain **Shelter** Case number (if known) _ First Name Middle Name Last Name 21. Other. Specify: 21. + ____ \$0.00 22. Calculate your monthly expenses. 22a. \$2,705.00 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22b. \$0.00 22c. Add line 22a and 22b. The result is your monthly expenses. 22c. \$2,705.00 23. Calculate your monthly net income. 23a. \$2,774.00 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. 23b. Copy your monthly expenses from line 22c above. \$2,705.00 23c. Subtract your monthly expenses from your monthly income. \$69.00 The result is your monthly net income. 23c. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? **✓** No. None Yes.

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| Fill in this information to identify your case: | | | | | | | |
|---|---------------------|-------------|----------------------------|--|--|--|--|
| Debtor 1 | Ross | Chamberlain | Shelter | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| United States Bankru | ptcy Court for the: | Easteri | n District of Pennsylvania | | | | |
| Case number (if known) | | | | | | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

lacksquare Check if this is an amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all

| of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your origin new <i>Summary</i> and check the box at the top of this page. | al forms, you must fill out a |
|---|-----------------------------------|
| Part 1: Summarize Your Assets | |
| | Your assets Value of what you own |
| 1. Schedule A/B: Property (Official Form 106A/B) | 40.00 |
| 1a. Copy line 55, Total real estate, from Schedule A/B | \$0.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$1,567.62 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$1,567.62 |
| Part 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$0.00 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$0.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$63,538.00 |
| Your total liabilities | \$63,538.00 |
| Part 3: Summarize Your Income and Expenses | |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$2,774.00 |
| 5. Schedule J: Your Expenses (Official Form 106J) | |
| Copy your monthly expenses from line 22c of Schedule J | \$2,705.00 |

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| | | | Document | i age of or fo | | |
|----------|------|-------------|----------|----------------|------------------------|--|
| Debtor 1 | Ross | Chamberlain | Shelter | | Case number (if known) | |

Last Name

First Name

Middle Name

| Part 4: Answer These Questions for Administrative and Statistical Records | | | | | | |
|---|-------------------------------|------------|--|--|--|--|
| 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the ✓ Yes | e court with your other sched | ules. | | | | |
| What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. ☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. | | | | | | |
| 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | Official | \$3,617.33 | | | | |
| 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: | Total claim | | | | | |
| From Part 4 on Schedule E/F, copy the following: | | | | | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$0.00 | | | | | |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$0.00 | | | | | |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$0.00 | | | | | |
| 9d. Student loans. (Copy line 6f.) | \$998.00 | | | | | |
| 9e.Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$0.00 | | | | | |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$0.00 | | | | | |
| 9g. Total . Add lines 9a through 9f. | \$998.00 | | | | | |

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| Fill in this information | to identify your case | | | |
|---------------------------|-----------------------|-------------|------------------|-------------|
| Debtor 1 | Ross | Chamberlain | Shelter | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Bankr | uptcy Court for the: | Easterr | n District of Po | ennsylvania |
| Case number (if known) | | | | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|--|---|
| Did | |
| Did you pay or agree to pay someone who is NOT a | an attorney to help you fill out bankruptcy forms? |
| √No | |
| Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | |
| Under penalty of perjury. I declare that I have read t | the summary and schedules filed with this declaration and that they are true and correct. |
| ondo: pondity or porjary, raconate that river road t | |
| | |
| X /s/ Ross Chamberlain Shelter | |
| Ross Chamberlain Shelter, Debtor 1 | |
| Date 10/04/2024 | |
| Date 10/04/2024 | |
| MM/ DD/ YYYY | |

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| Fill in this information | to identify your case: | | | |
|---|------------------------|-------------|-----------------|-----------|
| Debtor 1 | Ross | Chamberlain | Shelter | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | Easterr | District of Per | nsylvania |
| Case number (if known) | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| What is your current marital status? ☑ Married ☑ Not married | | | | |
|---|---|---|---|----------------------------|
| During the last 3 years, have you lived a | | | | |
| Yes. List all of the places you lived in Debtor 1 : | Dates Debtor 1 lived there | Debtor 2: | | Dates Debtor 2 lived there |
| 1633 S. Beulah Street Number Street Philadelphia, PA 19148 City State ZIP Co | From <u>06/2021</u> To <u>05/2024</u> ode | Number Street City | State ZIP Code | Same as Debtor 1 From To |
| Number Street | From To | Same as Debtor 1 Number Street | | Same as Debtor 1 From To |
| Within the last 8 years, did you ever liveritories include Arizona, California, Idaho ✓ No | e with a spouse or legal equivaler | City nt in a community property , Puerto Rico, Texas, Wash | State ZIP Code / state or territory?(Comnington, and Wisconsin.) | munity property states ai |

Shelter Debtor 1 Ross Chamberlain Case number (if known) _ First Name Last Name Middle Name Explain the Sources of Your Income Part 2: 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross Income** Sources of income **Gross Income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) ■ Wages, commissions, Wages, commissions, From January 1 of current year until the bonuses, tips bonuses, tips date you filed for bankruptcy: ✓ Operating a business \$36,297.00 Operating a business Wages, commissions, Wages, commissions, For last calendar year: \$30,769.00 bonuses, tips bonuses, tips (January 1 to December 31, 2023 ✓ Operating a business Operating a business \$7,955.00 ✓ Wages, commissions, ■ Wages, commissions, For the calendar year before that: \$105,178.00 bonuses, tips bonuses, tips (January 1 to December 31, 2022 ✓ Operating a business Operating a business \$0.00 5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. **√** No Yes. Fill in the details. List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more? No. Go to line 7. ☐ Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

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Doc 1

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|-----------------------------------|---|---|--|---|---|
| Debtor 1 | Ross | Chamberlain | Shelter | Case number (if | known) |
| _ | First Name | Middle Name | Last Name | | |
| √ Yes. | | r 2 or both have prima | • | | |
| | _ | - | nkruptcy, did you pay an | y creditor a total of \$600 or more? | |
| | ✓ No. Go to line 7 | 7. | | | |
| | include p | | support obligations, such | 0 or more and the total amount you paid that n as child support and alimony. Also, do not ir | |
| <i>Insiders</i> ind you are an | clude your relatives; officer, director, per | any general partners; r son in control, or owner | elatives of any general p r of 20% or more of their | a debt you owed anyone who was an inside partners; partnerships of which you are a gene voting securities; and any managing agent, in support obligations, such as child support and | eral partner; corporations of which ncluding one for a business you |
| √ No | | | | | |
| ☐ Yes. L | ist all payments to a | an insider. | | | |
| | | | | | |
| | | ed for bankruptcy, did y aranteed or cosigned by | | s or transfer any property on account of a de | ebt that benefited an insider? |
| √ No | - | | | | |
| ☐Yes. L | ist all payments tha | it benefited an insider. | | | |
| | o. a payoo u.a | | | | |
| 5 | | | | | |
| Part 4: Id | entiry Legai Act | ions, Repossession | ns, and Foreclosures | 5 | |
| | n matters, including | | | suit, court action, or administrative proceed orces, collection suits, paternity actions, supp | |
| √ No | | | | | |
| ☐Yes. F | Fill in the details. | | | | |
| | | | | | |
| | 1 year before you finat apply and fill in t | | s any of your property r | epossessed, foreclosed, garnished, attache | d, seized, or levied? |
| ☑ No. G | o to line 11. | | | | |
| ☐ Yes. F | Fill in the information | n below. | | | |
| | | | | | |
| | | filed for bankruptcy, d cause you owed a debt | | g a bank or financial institution, set off any | amounts from your accounts or |
| ✓ No | | | | | |
| ☐ Yes. F | fill in the details. | | | | |
| | | | | | |
| | | iled for bankruptcy, wa an, or another official? | s any of your property i | n the possession of an assignee for the ben | efit of creditors, a court- |
| √ No | | | | | |
| Yes | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | Case 24-13 | 3578 Doc 1 | Filed 10/04/24 Document | Entered 10/04/Page 39 of 46 | 24 12:54:02 L | Desc Main |
|------------------------|--------------------------|--------------------------|----------------------------|---|-----------------------------------|-------------------------|
| ebtor 1 | Ross | Chamberlain | Shelter | | Case number (if know | vn) |
| | First Name | Middle Name | Last Name | | | |
| Part 5: Lis | t Certain Gifts a | nd Contributions | | | | |
| 13. Within 2 | years before you file | ed for bankruptcy, did | d you give any gifts wi | th a total value of more that | an \$600 per person? | |
| √ No | | , | , , , , , | | | |
| Yes. Fil | ll in the details for ea | ch gift. | | | | |
| _ | years before you file | ed for bankruptcy, did | d you give any gifts or | contributions with a total | value of more than \$60 | 00 to any charity? |
| √ No | | | | | | |
| Yes. Fil | ll in the details for ea | ch gift or contribution. | | | | |
| Part 6: Lis | t Certain Losses | | | | | |
| | | | | | | |
| 15. Within 1 gambling? | year before you file | d for bankruptcy or si | ince you filed for bank | ruptcy, did you lose anyth | ing because of theft, f | re, other disaster, or |
| √ No | | | | | | |
| Yes. Fil | II in the details. | | | | | |
| | | | | | | |
| Part 7: Lis | t Certain Payme | nts or Transfers | | | | |
| | | | | | | |
| about seekii | ng bankruptcy or pr | eparing a bankruptcy | petition? | eting on your behalf pay or encies for services required | | to anyone you consulted |
| □No | | | | | | |
| √ Yes. Fil | ll in the details. | | | | | |
| Cibik La | iw. P.C. | Description | n and value of any pro | pperty transferred | Date payment or transfer was made | Amount of payment |
| Person Who | | Attorney's | s Fee | | | |
| 1500 Wa | alnut Street Suite | 900 | | | 08/14/2024 | \$2,200.00 |
| Number | Street | | | | | |
| | | | | | | |
| | phia, PA 19102 | | | | | |
| City mail@ci | State ZI ibiklaw.com | P Code | | | | |
| | bsite address | | | | | |
| Person Who | o Made the Payment, if | Not You | | | | |
| | , . , | | | | | |
| | | | | | | |

Page 40 of 46 Document Debtor 1 Ross Chamberlain **Shelter** Case number (if known). Middle Name First Name Last Name Description and value of any property transferred Date payment or Amount of payment transfer was made Cibik Law, P.C. Person Who Was Paid Attorney's Costs <u>\$575.00</u> 08/14/2024 1500 Walnut Street Suite 900 Number Street Philadelphia, PA 19102-3518 State ZIP Code mail@cibiklaw.com Email or website address Person Who Made the Payment, if Not You 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. **√**No. ☐ Yes. Fill in the details. 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. **√** No Yes. Fill in the details. 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) **√** No Yes. Fill in the details. List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. **✓** No Yes. Fill in the details. 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? **√** No Yes. Fill in the details.

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|---------------|--|---------------------------|----------------------------|--|-------------------------------|-------------------------------|
| ebtor 1 | Ross | Chamberlain | Shelter | . age ee | Case number (if known | n) |
| | First Name | Middle Name | Last Name | | | |
| 00 11 | | | di di li - | and a state of the | | |
| 22. Have you | u stored property | in a storage unit or plac | e other than your ho | me within 1 year before | you filed for bankruptcy? | |
| _ | | | | | | |
| Yes. Fil | I in the details. | | | | | |
| | | | | | | |
| Part 9: Ide | ntify Property | You Hold or Control | for Someone Else | <u>,</u> | | |
| 23. Do vou h | old or control any | property that someon | e else owns? Include | any property you borro | wed from, are storing for, o | r hold in trust for someone. |
| √ No | , | | | | 3 .,. | |
| _ | I in the details. | | | | | |
| 100.11 | i iii tiio dotaiio. | | | | | |
| Dort 10: C | iva Dataila Aba | ut Environmental Ir | oformation. | | | |
| Part 10: G | ive Details Abo | ut Environmental Ir | liormation | | | |
| For the purp | ose of Part 10, the | e following definitions a | apply: | | | |
| | | | | | ontamination, releases of ha | |
| | | es, wastes, or material. | soii, surface water, gro | undwater, or other medic | um, including statutes or reg | diations controlling the |
| | ans any location, fa it, including dispos | | ined under any enviro | nmental law, whether yo | u now own, operate, or utiliz | e it or used to own, operate, |
| | ous material means t, contaminant, or s | | ental law defines as a | nazardous waste, hazard | dous substance, toxic substa | nce, hazardous material, |
| Report all no | otices, releases, a | nd proceedings that yo | u know about, regard | less of when they occur | red. | |
| 24. Has any | governmental uni | t notified you that you | may be liable or pote | ntially liable under or in | violation of an environment | al law? |
| ☑ No | | | | | | |
| Yes. Fil | I in the details. | | | | | |
| | | | | | | |
| 25. Have you | u notified any gove | ernmental unit of any re | elease of hazardous r | naterial? | | |
| ☑ No | | | | | | |
| Yes. Fil | I in the details. | | | | | |
| | | | | | | |
| - | u been a party in a | ny judicial or administ | rative proceeding und | ler any environmental la | w? Include settlements and | d orders. |
| √ No | | | | | | |
| Yes. Fil | I in the details. | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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|--------------------------------|-------------------------|-----------------------------------|-------------------------------|----------------------|---|-----------------------------------|
| Debtor 1 | Ross | Chamberlain | Shelter | | Case number (if | known) |
| D 11 C: | First Name | Middle Name | Last Name | December 2 | | |
| Part 11: Gi | ve Details About | Your Business of | r Connections to An | y Business | | |
| 27. Within 4 y | ears before you file | ed for bankruptcy, di | d you own a business o | r have any of tl | ne following connections to a | any business? |
| ☐ A s | ole proprietor or sel | -employed in a trade | , profession, or other act | ivity, either full- | time or part-time | |
| ☐ A n | nember of a limited l | iability company (LLC | c) or limited liability partr | ership (LLP) | | |
| ДАр | artner in a partnersh | nip | | | | |
| ☐ An | officer, director, or r | nanaging executive o | f a corporation | | | |
| ☐ An | owner of at least 5% | of the voting or equi | ity securities of a corpora | ation | | |
| ☑ No. Nor | e of the above appl | es. Go to Part 12. | | | | |
| ☐ Yes. Ch | eck all that apply ab | ove and fill in the deta | ails below for each busir | ness. | | |
| creditors, or | other parties. | , , | d you give a financial st | atement to any | one about your business? In | clude all financial institutions, |
| Yes. Fill | in the details below | | | | | |
| Part 12: Sig | gn Below | | | | | |
| and correct. | understand that m | aking a false stateme | ent, concealing propert | y, or obtaining | leclare under penalty of perjumoney or property by fraud in both. 18 U.S.C. §§ 152, 1341, 1 | connection with a |
| Signati | | Shelter erlain Shelter, Debtor | 1 | | | |
| Date <u>1</u> | 0/04/2024 | _ | | | | |
| Did you attac ✓ No ☐ Yes | h additional pages | to your <i>Statement o</i> | f Financial Affairs for In | dividuals Filing | rfor Bankruptcy (Official Forn | n 107)? |
| Did you nay | or agree to nav son | neone who is not an | attorney to help you fill | out bankruntev | r forms? | |
| ✓ No | 2. 3g. 00 to pay 3011 | in io not an | and the field for the | zami aptoj | | |
| _ | | | | | Attach the Bankruptcy Pe | |
| | me or person | | | | Declaration, and Signatu | re (Oniciai Futti 119). |

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| Fill in this information | n to identify your case | | | |
|--------------------------|-------------------------|-------------|---------------------|---------|
| Debtor 1 | Ross | Chamberlain | Shelter | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | _ |
| United States Bankr | ruptcy Court for the: | Eastern | n District of Penns | /Ivania |
| Case number (if known) | | | | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures Did you claim the property as a debt?

exempt on Schedule C?

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| 2: List | Your Unexpired | Personal Property l | eases | |
|------------------------|-----------------------|---------------------------|-------|--|
| mation be | elow. Do not list rea | Il estate leases. Unexpir | | s and Unexpired Leases (Official Form 106G), fill in the ffect; the lease period has not yet ended. You may assume |
| Describe y | our unexpired pers | sonal property leases | | Will the lease be assumed? |
| essor's na | me: | | | ☐ No |
| escription roperty: | of leased | | | ☐ Yes |
| essor's na | me: | | | ☐ No |
| escription | of leased | | | ☐ Yes |
| essor's na | me: | | | ☐ No |
| escription | of leased | | | ☐ Yes |
| essor's na | me: | | | □ No |
| escription roperty: | of leased | | | ☐ Yes |
| essor's na | me: | | | □ No |
| escription roperty: | of leased | | | ☐ Yes |
| essor's na | me: | | | ☐ No |
| escription roperty: | of leased | | | ☐ Yes |
| essor's na | me: | | | ☐ No |
| escription roperty: | of leased | | | ☐ Yes |
| 3: Sigr | n Below | | | |

Signature of Debtor 1

Date 10/04/2024

MM/ DD/ YYYY

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of Pennsylvania

| In re | Shelf | ter, Ross Chamberlain | | |
|--------|--|---|------------------------------|--|
| | | Case No. | <u> </u> | |
| Debtor | | Chapter7 | _ | |
| | | DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR | ₹ | |
| 1. | Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | |
| | For lega | al services, I have agreed to accept | \$2,200.00 | |
| | Prior to | the filing of this statement I have received | \$2,200.00 | |
| | Balance | e Due | \$0.00 | |
| 2. | The source of the compensation paid to me was: | | | |
| | √ Deb | otor | | |
| 3. | The sou | The source of compensation to be paid to me is: | | |
| | √ Deb | otor | | |
| 4. | ☑ I ha | ave not agreed to share the above-disclosed compensation with any other person unless they are m | nembers and associates of my | |
| | _ | ☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached. | | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | |
| | a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; | | | |
| | b. Pr | b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required; | | |
| | c. Re | c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; | | |
| 6. | By agre | agreement with the debtor(s), the above-disclosed fee does not include the following services: | | |

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B2030 (Form 2030) (12/15)

Filing fee plus Costs & Expenses. Motion to Extend the Stay. Continued Meeting of Creditor Hearings, Addition of Creditor after Filing Petition, Motions to Avoid Liens, Motions for Relief from the Automatic Stay, Motions to Dismiss Case, Adverserial Proceedings & Discharge Litigation, Depositions, Asset Cramdowns, Objection to Proof of Claims, Certification of Stipulation Defaults, Motions for Plan Modifications, Motions for Reconsideration, Vacate Wage Orders, Praceipe for Discharge, Bankruptcy Chapter Conversions, Redemption of Property, Lexis & Pacer Research, Credit, Property, Judgements, & Liens Reports. The above legal services will be billed at a hourly rate of \$375 per hour per attorney

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

10/04/2024 /s/ Michael A. Cibik

Date Michael A. Cibik
Signature of Attorney

Bar Number: 23110 Cibik Law, P.C. 1500 Walnut Street Suite 900 Philadelphia, PA 19102 Phone: (215) 735-1060

Cibik Law, P.C.

Name of law firm